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Patent and Trademark Office/SB/17 (10-03)
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FEE TRANSMITT	Complete if Known						
LEE I L'AIRSINII I	AL	Application Number	09/341,379	RECO			
for FY 2003		Filing Date	July 9, 1999	- CIV			
Effective 01/01/2003. Patent fees are subject to an	nual revision.	First Named Inventor	Valerio Aisa	FEB 10 -			
Applicant Claims Small Entity Status. See	Examiner Name	D. Becker	70 2004				
Applicant Claims Small Entity Status. See	Group Art Unit	1761	1200				
TOTAL AMOUNT OF PAYMENT	\$) 110	Attorney Docket No.	108041-0013				

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METHOD OF PAYMENT (check all that apply)			FFF CALCULATION (continued)							
Check Credit Card Money Other None			3. ADDITIONAL FEES							
Deposit Account Order			Large Entity Small Entity							
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Deposit Cesari and McKenna, LLP		1052	50	2052	25	Surcharge - late provisional filing fee or cover				
Account					•		sheet			
Name The Commissioner is authorized to: (check all that analy)			1053		1053	130	Non-Englis			
The Commissioner is authorized to: (check all that apply) Charge any deficiency or			1812	•		2,520	For filing a			
Charge fee indicated below Credit any overpayments			1804	920	1804	920*	Requesting			
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1002 330 2002	165 Design filing fee	——	1451			1,510	Petition to i			
1003 520 2003	260 Plant filing fee		1452		2452	55	Petition to r			
1004 750 2004	375 Reissue filing fee					650	Petition to r			
1005 160 2005	160 2005 80 Provisional filing fee			1,300						
•	SUBTOTAL (1) (\$)	0		1,300		650	-	e fee (or reissue)		
2. FXTRA CLAI	M FEES FOR UTILITY AND F	REISSUE	1502		2502	235	Design Issu			
	Extra Fee from		1503		2503	315	Plant Issue			
	Claims below	Fee Paid	1460		1460	130		the Commission		
Total Claims	- 20** = 0 ×	= 0	1807	- 1	1807	50	-	fee under 37 CF		
Independent Claims	- 3** = 0 ×	= 0	1806		1806	180		of Information E		
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Fee Fee Fee Code (\$) Code	Fee Fee Description (\$)		1810	750	2810	375	•	iditional inventio	n to be	
1202 18 2202	9 Claims in excess of 20		ŀ					37 CFR 1.129(b)		
1201 84 2201	42 Independent claims in excess		1801	750	2801	375	Request for	Request for Continued Examination (RCE)		
1203 280 2203 1204 84 2204	 Multiple dependent claim, if n **Reissue independent claim; 	•	1802	` ` <u> </u>						
1204 84 2204	42 **Reissue independent claim: original patent	3 0¥CI		'			of a design			
1205 18 2205	1205 18 2205 9 **Reissue claims in excess of 20			Other fee (specify)						
and over original patent			Other	Other fee (specify)						
SUBTOTAL (2) (\$) 0			*Red	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110						
**or number previously paid, if greater; For Reissues, see below										
SUBMITTED BY Complete (if applicable)										
Name (Print/Type)	John F. McKenna	Registrati (Attorney)		2	0,91	2		Telephone	(617) 951-25	00
Signature	\d\v\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							Date	February 2,	2004

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